



Minimum Essential Coverage

Medical Reimbursement Plan



Covered Services

Preventive care benefits for adults

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults 50 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
- Hepatitis B screening This link takes you to a website not operated by the federal government. The site may have different privacy and security policies. for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- Hepatitis C screening for adults at increased risk, and one time for everyone born 1945-1965
- HIV screening for everyone ages 15 to 65, and other ages at increased risk
- Obesity screening and counseling
- Statin preventive medication for adults 40 to 75 at high risk
- Immunization vaccines for adults – doses, recommended ages, and recommended populations vary:
 - Diphtheria
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus (HPV)
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Mumps
 - Pertussis
 - Pneumococcal
 - Rubella
 - Tetanus
 - Varicella (Chickenpox)
- Lung cancer screening This link takes you to a website not operated by the federal government. The site may have different privacy and security policies. for adults 55-80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Syphilis screening for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults without symptoms at high risk

Other covered preventive services for women

- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Breast cancer mammography screenings every 1 to 2 years for women over 40
- Breast cancer chemoprevention counseling for women at higher risk
- Cervical cancer screening
 - Pap test every 3 years for women 21 to 65
 - Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
- Gonorrhea screening for all women at higher risk
- HIV screening and counseling for sexually active women
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh incompatibility screening follow-up testing for women at higher risk
- Sexually transmitted infections counseling for sexually active women
- Syphilis screening for women at increased risk
- Tobacco use screening and interventions
- Urinary incontinence screening for women yearly
- Well-woman visits to get recommended services for women under 65

Services for pregnant women or women who may become pregnant

- Anemia screening on a routine basis
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers." Learn more about contraceptive coverage.
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Syphilis screening
- Expanded tobacco intervention and counseling for pregnant tobacco users
- Urinary tract or other infection screening

Covered Services Continued

Coverage for children's preventive health services

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood pressure screening for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Cervical dysplasia screening for sexually active females
- Depression screening for adolescents beginning routinely at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Fluoride chemoprevention supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
- Height, weight and body mass index (BMI) measurements for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening This link takes you to a website not operated by the federal government. The site may have different privacy and security policies. for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11–17 years
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- Immunization vaccines for children from birth to age 18 – doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis (Whooping Cough)
 - Haemophilus influenza type b
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus (HPV)
 - Inactivated Poliovirus
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella (Chickenpox)
 - Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
- Medical history for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Obesity screening and counseling
- Oral health risk assessment for young children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years
- Phenylketonuria (PKU) screening for newborns
- Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children



Administration services provided by Flyte HCM LLC.

Preventative services determine as per the Patient Protection and Affordable Care Act's requirements, by the U.S. Preventive Services Task Force.

This list may be updated from time to time without formal notice. Please refer to: <https://www.healthcare.gov/coverage/preventive-care-benefits/> for the most current and up to date list of services covered by this Minimum Essential Coverage health plan.



Minimum Essential Coverage

Medical Reimbursement Plan

Preventative Services Only Plan

Minimum Essential Coverage (MEC) is the type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. Minimum Essential Coverage (MEC) provides first dollar coverage without any cost sharing, such as a copayment or the application of a deductible.

Eligible Members

All employees who are working 30 hours or more per week are eligible for this Minimum Essential Coverage Group Health Plan. New employees will be eligible on the 1st of the month following 60 days after the date of hire. Employees working less than 30 hours per week are not eligible for participation in the Group Health Plan. Dependents are eligible for participation but spousal coverage is not available. Your cost for this coverage is: Single, \$18.46 per pay; Single + Child(ren), \$36.92 per pay. These premiums will be deducted from your paycheck on a pretax basis.

Covered Expenses

Our U.S. Department of Health and Human Services outlines 63 preventive services that are to be covered at 100%. A few of the services covered include immunizations, blood pressure screenings, diabetes and cholesterol screenings, prenatal visits for pregnant women and more. A full list of the covered services is located on the previous page of this brochure as well as at: <https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html>

Reimbursement Process

This Group Health Insurance Plan is a MEC Reimbursement product. To use this coverage, you first go to a provider of your choice and receive one or more of the appropriate, specific services listed on page 2 of this brochure. Your provider may or may not require payment at the time of service. Once you receive an itemized statement for the office visit you must complete the MEC Reimbursement form and submit it, along with your documentation, to Flyte HCM for adjudication and reimbursement once approved. Appropriate documentation includes the service(s) provided and the medical coding associated with the service(s) as well as proof of the cost incurred. Reimbursement checks are mailed to your home. (The claim process is also described on the Benefit Plan Claim form.)

Questions

Contact Flyte HCM today at 952.746.0000 or email us at: clientservices@FlyteHCM.com

This form is used to communicate enrollment in a Minimum Essential Coverage (MEC) Plan. Complete information on eligibility, effective dates, and allowable expenses can be found in the Summary Plan Description, provided to you by your employer.

Member Information

First Name	MI	Last Name	Social Security Number <i>(required)</i>		
Member Mailing Address <i>(PO Box, Apartment, Lot or Unit No.)</i>		City	State	Zip Code	
Company Name		Member Email Address <i>(required)</i>		Single <input type="checkbox"/>	Family <input type="checkbox"/>
				Plan Coverage Level	

Type of Enrollment

New Hire
 Open Enrollment
 Qualified Status Change Event
 Hire Date _____
 Effective Date _____

Covered Individuals *(Please list only the eligible family member(s), including yourself, that you wish to enroll in the MEC Plan)*

Name (Last, First, MI) * <i>(please print legibly)</i>	SSN * <i>(privacy protected)</i>	DOB * <i>(mm/dd/yyyy)</i>	Gender * <input type="checkbox"/> M <input type="checkbox"/> F	Relationship * <input checked="" type="checkbox"/> Self	Primary Insurance Carrier <i>(if covered by insurance plan other than this employer's)</i>
	(see above)		<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> Self	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> Dependent Child	

* Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) requires Flyte Human Capital Management to report specific enrollment data to the Centers for Medicare & Medicaid Services (CMS). The above information is required for your (and your family's) enrollment in the Plan and is used for financial reporting and to verify your identity, in compliance with federal and state law.

Participation Waiver *(Please check the box below only if you wish to waive participation in the Plan)*

I do NOT wish to participate in this tax-free, employer sponsored Plan.

Certification & Acknowledgement

I understand that my coverage can only be changed during the open enrollment period of the MEC or if I have a Qualified Change affecting my eligibility or the eligibility of my covered family members. I was offered the ability to opt-out of the Plan entirely and I have checked the box above if I have chosen to do so.

Signature of Member *Please be advised - unsigned forms cannot be processed.* _____ Date _____

Signature of Payroll / HR Officer _____ Name of Payroll / HR Officer (printed) _____ Date _____